

Final HIPAA Privacy Rules Published

By Sandy McCleaf

In this Issue ...

- ∅ HIPAA privacy rules (feature article)
- ∅ From the President
- ∅ Version 2000 CBT
- ∅ AMI University's recent certifications and Spring/Summer course schedule
- ∅ AMI's kinetic models
- ∅ TIME Pieces: Special awards and certifications
- ∅ Tips on freeing stuck terminals and checking backups

The final privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) were published in the Federal Register on December 28, 2000. The final rules were notably different from the draft rules and have many in the healthcare industry struggling with plans for compliance. Even though the final rule has been released, a number of opponents are actively pursuing changes to reduce the scope of the requirements and/or delay the required compliance date.

The HIPAA final privacy rule applies not only to electronic information; it applies to all health information including electronic, paper and voice. This constitutes a significant change from the proposed regulations, expanding the scope of the rule to all health care entities regardless of their electronic status.

Some key points of the privacy rule are as follows:

- ◆ Patient consent must be obtained prior to using or disclosing any healthcare information for routine matters such as billing and treatment.
- ◆ All healthcare entities must enter into agreements with their business associates to ensure all parties with access to protected information are accountable for the privacy of that information.
- ◆ Healthcare entities will be required to implement a strategy that ensures all staff are privacy conscious and trained in appropriate safeguards.
- ◆ Healthcare entities must de-identify any information that is used for quality control or other general purposes.
- ◆ Healthcare entities must provide patients with a notice of how their information is used and to whom it is disclosed.
- ◆ Patients may review and request a revision of their healthcare information. If the information is not amended per the request, the entity must link the patient's request for amendment to the information along with the reasons for denial to amend.

As healthcare entities continue to analyze the requirements, there is still some uncertainty about the privacy rule. Segments of the health care industry are lobbying the current administration to change the rule or delay the compliance date and the Secretary of Health and Human Services has re-opened the privacy rule for

(Continued on page 2)

(Continued from page 1)

comment until March 30. This indicates there may be some uncertainty about the future of the health privacy rule as it currently stands. But, until there are official changes, the current HIPAA final rule stands. So, with a new effective date of April 14, 2001 and with implementation scheduled on April 14, 2003, the industry forges ahead with preparations for enormous changes in patient health care privacy.

From the President

By Elizabeth A. Evans

The statement, “The purpose of the AMI TIME® System is to communicate” appeared in the July 1999 AMI TIMES (Volume 2, Issue 1) as a kick-off to a series of articles about some of the ways the TIME System communicates. Examples of the system communications include document imaging, Intranet/Internet solutions, portable computing, and this column’s Newsletter topic, embedded alerts and advisories that are user-defined to increase the likelihood that your organization’s protocols are applied and timely, accurate patient care is provided.

Since that time much has happened. The Institute of Medicine published a culture-moving document in December 1999, “To Err Is Human”, a document that underscores the systemic nature of medical errors. There has been somewhat of a collapse of the healthcare dot-coms that had focused on connecting patients with medical information, their health records, and their caregivers although the need to do so remains an important issue. There is growing public awareness of the thinning ranks of caregivers, particularly in the renal specialties. Portions of the Health Insurance and Portability Administration Act (HIPAA) have been approved and mandated. California, often a bellwether of things to come, has just passed a law that requires hospitals to have a technology utilization plan in place by 2002, the purpose of which is to improve patient care and safety. This law requires them to act on it by 2005.

It’s no wonder that healthcare executives are considering whether the typical 2 to 4 percent annual Information Technology (IT) budget is enough to span technology imperatives and are publicly discussing a different investment equation, the Value-on-Investment (VOI) equation. The VOI incorporates the productivity of full-time equivalents as an analysis decision point—a complement to the traditional Return-on-Investment (ROI) analysis used to straight-line an investment’s impact on the bottom line.

How do these facts relate to alerts and advisories embedded in the process (workflow) of patient care, in this case, the care of a renal patient? The first part of the answer relates to better using the incredible amount of information that exists in a chronic care patient’s record. At the time of the alert or advisory, actionable items are brought immediately to the attention of the appropriate caregiver, within the appropriate timeline, with the appropriate information—concrete, timely notifications of the receipt of critical information triggering application of your organization’s protocols. In terms of a VOI, the effective and timely use of existing information within a patient’s record should increase a caregiver’s productivity.

The second segment of the answer, while indirectly related to alerts and advisories, is directly related to patient safety. Timely use of appropriate information risk-manages the “hand-off” of care from one clinician to another, a time when missing information is more likely to occur. The “hand-off” fault-line is bridged with timely (alerts), informative (advisories) communication—a conceptual plank for defining the TIME® System as a communication system. If this definition is correct, and we believe it is, then such a system will become a core competency of the modern healthcare organization and the concept that the practice of medicine *is* beginning to transform itself into the practice of information is coming closer to a reality.

Hands On

Since the release of the last newsletter, two talented individuals have joined the AMI staff and a third has changed assignments.

TERRY FRENCH is a Systems Analyst with the Systems group. She received her BS in Computer Science from St. Bonaventure University. Before coming to AMI, Terry was a UNIX System Administrator for a large compressor and turbine engine manufacturer in Western New York. Since moving to Richmond, she has worked as a UNIX Shell Programmer, writing scripts to process electronic financial data.

JEAN KOROL recently joined AMI as Project Leader and brings with her a BBA from Averett College and more than 14 years of administrative health care experience with the Virginia Health Quality Center (VHQC). Her varied experience with the VHQC (the federally designated Quality Improvement Organization

(Continued on page 3)

(Continued from page 2)

for the state of Virginia) includes staff training and development, leadership on quality improvement teams, data analysis and reporting, and technical support. Jean will coordinate system implementation and deliver training on AMI's TIME® product, test and document applications and provide support to clients.

ROBIN HEATH has joined the Marketing Department as an Account Executive for the Southeast Region. Robin has been a project leader with AMI for the past six years. She has coordinated system implementations, trained AMI clients, tested and documented new applications and has provided client support. Robin will transition to her new position as she completes her current project leader assignments.

AMI University News

Version 2000 ON-TIME

By Art Todras

With the release of Version 2000 of TIME®, each AMI client will receive a companion Computer Based Training (CBT) CD that provides interactive instructions on the major changes. The modifications to both the TIME-D and TIME-W applications are included. Like other CBT modules we have released, this one includes an on-line glossary and a test whose score can be printed.

The Version 2000 ON-TIME module covers these release features:

- ◆ The ability to generate small balance write-offs for different combinations of primary and secondary insurances.
- ◆ The new optional Lab Composite Billing module for hospital-based dialysis centers.
- ◆ The new fee change by percentage utility for services and insurance UCR records.
- ◆ The option to select a problem from the Problem List as a lab or medication order reason.
- ◆ The bookmarking of options on the flowsheet Treatment Menu to indicate the completed screens.
- ◆ The ability to add and edit PD Standing Orders in TIME-W.
- ◆ A Problem List button in TIME-W for generating a lab or medication order reason.
- ◆ A Copy Order button in TIME-W that allows both copying and stopping a medication order.
- ◆ The setting of certain User Preferences in TIME-W.

- ◆ The addition of PD Flowsheet History in TIME-W.

A design innovation in this CBT module enables a screen-to-screen comparison between certain applications and their code setup screen and between applications with a new look and the previous screen versions. The second screen may be dragged alongside the first screen to reinforce the comparison.



New AMI University Certifications

ID² Data Warehouse Developer:

From Renal Care Group:

Bob Norman	Wendy Padilla
Robin Hensley	Bob Johnson
Rita Dimmitt	Ann Worf
Christina Schroeder	James Thomas
Michael Manning	Careen Wilson
Ron Wilson	Dena Boggan
Erik Murdell	Barbara O'Beirne
Stacy Rogers	Robert Rodriguez
Emily Martens	Ron Lipinski
Ron Steurer	Leila Goddard
Angela Parker	
Shelia Pierson	

System Administrator:

Steve Housman	Renal Care Group
Chris Coleman	Renal Care Group



Mark Your Calendars

Register Now!

- ◆ Next ID² Training: May 14-16
August 20-24

For further information, contact Art Todras, Director, AMI University via email (atodras@amihealthcare.com), FAX (804-934-9365) or phone (804-934-9370).

AMI Holiday Closings

Memorial Day	Monday, May 28
Independence Day	Wednesday, July 4

AMI's Kinetic Models

By Robin Heath



TIME Pieces

An AMI News Digest

Currently, AMI offers the Daugirdas and the Comprehensive Urea Kinetic Models as part of the TIME[®] system. Both calculate Kt/V based on the availability of data already entered elsewhere in the system. In both models the calculated Kt/V, URR and PCR lab values are inserted into the Lab Results Table after the Kinetic Model has been calculated and saved. However, there are significant differences between the two models, differences that are outlined below.

➤ The Daugirdas model allows modifications to be made directly to data on the Kinetic Modeling screen, whereas the Comprehensive model does not. The Comprehensive Kinetic Model will not calculate the Kt/V if data is missing or unavailable.

➤ The Comprehensive model is a three-pool BUN Kinetic Model whereas the Daugirdas model is two-pool. The Comprehensive model takes into consideration the fall in the urea concentration during the dialysis session and the rise in the urea concentration during the interdialytic period.

➤ Both kinetic models require current lab values for the modeling date requested by the user. The Comprehensive model uses a pre-, post- and next-BUN value to calculate Kt/V. The pre- and post-BUN dates should be the same as the model date and the next-BUN date should be the same as the next treatment date after the model date.

➤ The Comprehensive model calculates Kt/V based on the patient's age and sex.

➤ The Comprehensive model calculates either a first-of-week or a mid-week model for the patient.

➤ The Comprehensive model can be somewhat customized in its functions based on the completion and return to AMI of the Comprehensive Kinetic Modeling Questionnaire.

➤ The Comprehensive Model provides three separate reports:

- ◆ A Historical Summary of the patient's kinetic models
- ◆ A Model Data Report based on the current kinetic model
- ◆ A Projected Blood Values Report.

By default, your system is set up with the Daugirdas Model. Please contact our Support desk if you wish to use the Comprehensive Model.

The Council of Growing Companies has recognized **Elizabeth Evans**, CEO of the Richmond, VA-based **AMI Healthcare Systems Group**, with the presentation of the **IBM Creative Use of Technology** award. The Council of Growing Companies is an international, not-for-profit business organization of CEOs who are growing their companies aggressively by leveraging the knowledge of their peers.

The IBM Creative Use of Technology award is presented annually to an individual demonstrating innovation, forward-thinking, and the creative use of technology to further the success of his or her growing company—increasing efficiency, service to customers, effectiveness, and profitability. The company can be in any industry and does not have to be an I/T company or a provider of I/T services.

Beth officially received the award in a ceremony during the Council's National CEO Conference, March 9, in La Jolla, CA. Competition was keen among the five finalists, but the Richmond native's dynamic business model emerged as the winner.

The following quote appeared in the Council of Growing Companies' Press Release. "I am honored to be recognized by the Council with this award," says Evans. "And I accept it on behalf of the entire team at AMI whose commitment and talent have made it possible for us to succeed in this challenging entrepreneurial area. We also share this award with all of our clients. The vision and desire to innovate shared by all our clients is the reason we have been successful in the past and will continue to be successful in the future."



(Continued on page 5)

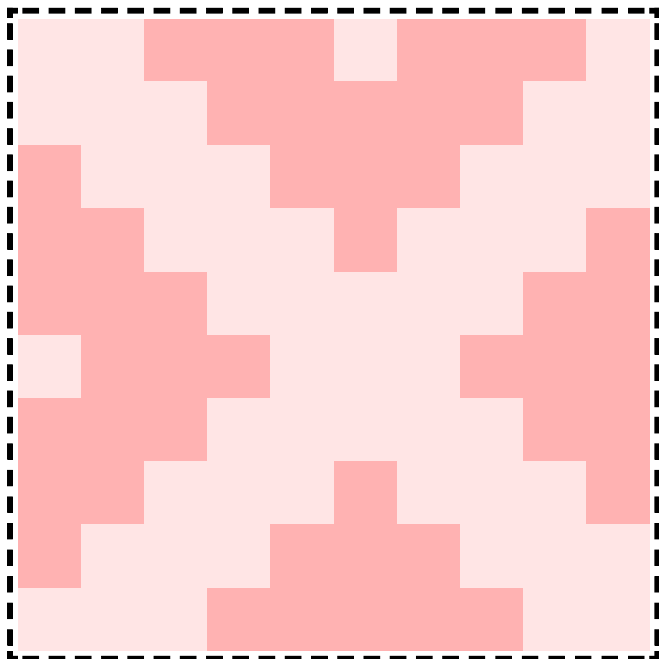
TIME Pieces

(Continued from page 4)

AMI is pleased to announce that Anne Webber, Director of Information and Managed Care Services, recently passed the Certified Nephrology Nurse (CNN) examination. The CNN certification requires proficiency in nephrology nursing across a variety of patient situations and treatment modalities. It focuses on four major areas of expertise: Concepts of Renal Failure, Hemodialysis, Peritoneal Dialysis and Transplantation.

Anne's achievement reflects our commitment to employee professional development through continuing education, a commitment that we believe underwrites quality patient care with information technology.

Congratulations Anne!



TIME-ly Tips

By Susan Jensen

Remove User

The Remove User option allows a user to remove his or her user login to free a stuck or frozen terminal. A user need not be a root user to remove their own user login.

To use this feature, log into a different terminal than the problem one, choose Utilities from the AMI Main Menu, and then choose Remove User. An explanation of each field follows this sample screen.



User

Enter your user login in the User field. You may remove only your own user login.

TTY

Enter the number of the tty from which to remove your user login. Or, press RETURN to remove your user login from ALL terminals.

When the TTY field is completed press RETURN, you are prompted to press RETURN to continue. Once RETURN is pressed, the cursor is returned to the User field. You may now exit this application.

System Backup

Does your site have a procedure to ensure your data backup is completed and successful? If not, you may lose important medical record and/or financial data if your system should have a problem. One way to verify the success of your backup is to include checking the backup message as a part of your backup procedures.

(Continued on page 6)

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(Continued from page 5)

The Display Latest Backup Message option of the House Keeping Menu provides a quick and easy method of reviewing the results of the last data backup. This screen is updated with new information each time a backup is successfully completed.

When the Display Latest Backup Message option is selected, the screen below is displayed. To return to the menu, press ENTER or RETURN.

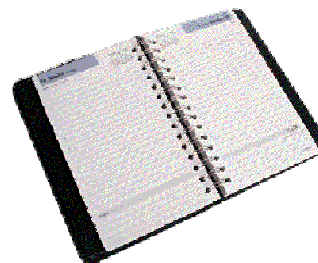
```
[tinechk]           Automation Management, Inc. v6.2   30 Jan 1996 - 21:27
                   Display Latest Backup Message
Results of backup Creation -- Tue Jan 30 00:00:45 EST 1996
< > ?
1782918 blocks
Results of backup Check
1782918 blocks
W A R N I N G ! ! !
Full System back up not done for over 30 days

Press RETURN to continue:
```

NOTE: If there is any error message displayed under the Results of Backup Check Blocks message, your System Administrator should be advised.

The WARNING displayed on this screen

is a reminder that the FULL System backup has not been done for over 30 days. The FULL System backup backs up everything—screen forms, tables, indexes, and data—in the system. It must be done at least once a month.



Information Pleeze...

Got any suggestions for the next newsletter? Send them to our mailing address (attention Art Todras), fax them (804-934-9365), or visit our client page at www.amihealthcare.com. Thanks for letting us share your news with the AMI community.